

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002320

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 200

FILED JAN 23 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>
<u>0.550</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Mt. Vernon</u>	c. CITY OR TOWN <u>Patterson</u>
<u>2 1110 -</u>		Length of stay in 1b <u>45 days</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>3</u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>	d. STREET ADDRESS (If outside, give location) <u></u>
<u>4 0</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>5 1</u>		3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Roy</u> Last <u>Hixson</u>	4. DATE OF DEATH Month <u>Jan.</u> Day <u>15</u> Year <u>1963</u>
<u>6</u>		5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
<u>7 0</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-31-1888</u>
<u>8 1</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	9. AGE (last birthday) <u>73</u>
<u>9 527.2</u>		10b. KIND OF BUSINESS OR INDUSTRY	IF UNDER 1 YEAR Months Days Hours Min.
<u>10</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	IF UNDER 24 HR Hours Min.
<u>11</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
<u>12 93-0</u>		13a. FATHER'S NAME	14. NAME OF HUSBAND OR WIFE <u>Edna</u>
<u>13 5-0</u>		13b. MOTHER'S MAIDEN NAME	
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Address <u>Hospital record given by the deceased.</u>
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary infiltration and cavitation, far advanced, cause undetermined.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis with senile dementia</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
		21. I attended the deceased from <u>Dec. 1, 1962</u> to <u>1-15-63</u> and last saw him alive on <u>Jan. 15, 1963</u>	
		Death occurred at <u>5:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
		22a. SIGNATURE <u>H. Hixson</u> (Degree or title)	22b. ADDRESS <u>Mo. State Sanatorium, Mt. Vernon, Mo.</u>
		22c. DATE SIGNED <u>1-15-63</u>	
		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-15-63</u>
		23c. NAME OF CEMETERY OR CREMATORY <u>Patterson Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wayne Co., Mo.</u>
		24. FUNERAL DIRECTOR <u>Coder Funeral Home, Piedmont, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-16-63</u>
		26. REGISTRAR'S SIGNATURE <u>Roy Grantham</u>	

USE BLACK INK.

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

JAN 28 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed May L. Forreth

Licensed Embalmer No. 4252

P. O. Address Memphis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.